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RURAL DISTRICT OF CHAILEY

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the year

1944

by

G.M. DAVIDSON LOBEAN.

M.B., Ch.B., D.P.H.

Public Health Department,
Council Offices,
31 High Street,
Lewes.

September, 1945.

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Council Offices,
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To the Chairman and Members of the
Chailey Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

I beg to present the Annual Report for the year 1944 on the state of public health of the community and on the sanitary circumstances in the Rural District of Chailey.

The birth-rate for the year under review was 18.58 per 1,000 population. In the recent war years there has been an increase in the number of births in the area. This increase may be continued in the immediate post war years but it is likely that a return to a progressive decline in the birth-rate will follow unless more favourable changes in the economic system to encourage earlier marriages and larger families are introduced. During the last seventy years there has been an increased postponement of the age of marriage, divorces have been more easily obtained and there has been a deliberate and voluntary avoidance of child-bearing. Lengthened time occupied in education and training have led to later marriages; also there has been an increasing number of persons avoiding marriage.

On perusal of statistics relating to births in England and Wales in recent years it is startling to observe that the progeny of 100 new born girls would dwindle to not much more than one half that number in two generations. It has been the relative excess of women in pre-war years, now in or passing child-bearing ages, which has kept the numbers in a population from declining very rapidly. It is quite evident that a decline in the birth rate in the years to come is inevitable unless, as stated, changes are introduced to encourage earlier marriages and the upbringing of larger families.

The crude death rate in the Chailey Rural District for the year 1944 was 13.23 per 1,000 population. The number of deaths was 220 or 113 less than in 1941 and 17 less than in 1943. The average age at death has been increasing together with a decline in the birth-rate. There has thus been a steady increase in the number of old people and a steady decrease in the number of the young.

Although it is generally true that individuals who reach what is now considered old age are in the greater proportion descended from parents or grandparents who were long lived, there is a slightly smaller proportion, less than half, of long lived people descended from progenitors who had no longevous parentage whatsoever. Advances in medicine, in surgery and in public health measures have contributed in no small way to the increase in longevity in general but precisely what other beneficent forces have been in operation to produce an increase in the expectation of life in recent years no one has so far brought forward probative evidence.

In 1944 only one female died in your District from a cause associated with child-birth. The maternal mortality rate is, therefore, a low one. The risk of a woman dying from causes associated with pregnancy or child-birth has been a very slight one in your Rural District for many years. It is thought that nutrition may play an important part in the production of a low maternal mortality rate. It has been shown that the proportion of women employed in gainful occupations and the rates of maternal mortality tend to rise and fall together, and this is emphasized in industrial areas. Where there has been a high

prevalence of scarlet fever and erysipelas there seemed to be associated a high prevalence of puerperal sepsis - one of the causes of maternal mortality.

Practically no women in the Chailey Rural District are employed in gainful occupations in industries, such as are found in northern and midland areas. During recent years the prevalence of scarlet fever and erysipelas has declined and the use of sulphonamide drugs has had striking effects in the treatment of puerperal sepsis.

Concerning the prevalence and control of infectious diseases in the Chailey Rural Area, there were no cases notified of typhoid fever, paratyphoid fever, typhus, cerebro-spinal fever, relapsing fever, diphtheria, or small-pox during the year. There were a few cases of scarlet fever of a mild nature. Small outbreaks occurred of measles and of whooping cough. There were eleven cases of malaria notified (all in service men.) There were eight cases of dysentery.

There was no death from any infectious diseases during the year.

In recent years striking proof has been given of the efficacy of diphtheria immunisation in decreasing the number of deaths from and cases of diphtheria, and 1944 has proved no exception. Up to the end of the year 66 per cent of the pre-school children and 63 per cent of the school children were so immunised. In general, immunisation programmes are pushed actively until at least half of the children of all age groups have been protected. There is then little chance of an epidemic arising. Ideally, every child should be immunised.

As the time and labour required to increase the amount of the immunised much above fifty per cent rise rapidly per unit number of children protected (by the law of diminishing returns), it is questionable whether or not a public health department is justified in spending a large amount of time to secure a little higher percentage of children immunised. Diphtheria prevention is only one of the multifarious public health duties. Thus in a given community the money, energy and time required to increase the number of immunised children from 60 to 70 per cent might yield greater returns in some other public health activities. A proper sense of relative values has to be retained in the whole outlook.

The number of all infectious diseases cases in the year taken altogether and then viewed as to their relative potential dangers as to mortality and crippling has been fortunately light.

As to the control of these infectious diseases and their spread, this was accomplished in as satisfactory a manner as present medical knowledge and technique allow. Such control has varied throughout the ages, depending upon prevailing concepts as to the causes of these conditions, the manner of their spread, and the available means of treatment. In the light of modern bacteriology and of modern medical discoveries, new concepts are arising. An understanding of such knowledge is essential to have a clear conception of the control of communicable diseases. Also it is not enough to segregate patients in an infectious diseases hospital in the control of infectious diseases. The treatment of the individual patient is of far more importance. Successful treatment leads to successful control in the breaking of the chains of contacts. The old theory that hospitalisation (i.e., chiefly the segregation of the patient) would stamp out infectious diseases has been completely exploded.

Regarding pulmonary tuberculosis, it was thought that all the conditions imposed in war-time, such as long hours, overwork, overcrowding, deficient nutrition, and being exposed to inclement weather for long periods, would increase the number of cases of and deaths from this disease. Happily this has proved to be not the case in

your area. In 1944 there was less than one quarter of the number of deaths from pulmonary tuberculosis than the average annual number of deaths in the pre-war period 1934-1938. The number of new cases of pulmonary tuberculosis notified in 1944 was 22 as against 39 in 1934. Financial assistance has been given to early cases of this disease, since a scheme came into operation in 1943. Despite such aid the economic circumstances of some families were reduced. The object of the scheme was to encourage early cases to undergo sanatorium treatment for an adequate period so that young adults could resume important war work. Chronic pulmonary cases and cases of non-pulmonary tuberculosis were granted no such financial allowances despite the fact that in these instances the drain on the family's economic resources was usually more severe due to the lengthy stay of the patient in sanatorium or hospital. This very one-sided arrangement may be adjusted in the future.

Housing has been, and is, very much in the public eye. In your Rural District, as in many other rural areas, the standard of housing of the working class is not a high one. Owing to the pressing demands of large towns, it is possible that the claims of rural districts will tend to be pushed into the background, and the turn of the latter for the desired supply of new houses may be relegated to the last. One has to view the housing situation in a rural district in a practical manner. It is useless to think that all the housing needs of the district can be got over almost at once.

A true perspective is required. To that end Mr. Kent and I have devised a housing register, now being used, and intended to be a complete record of all the houses in the district. Conditions being what they are, and are likely to be for some time, any house where the fabric is in good condition will be given the most serious consideration for repair or reconstruction.

Too much attention in housing surveys is often concentrated upon details of particular structural and other defects, and there is a failure to consider the house as a whole and the absence of an assessment as to the degree to which a particular house is, or is not, prejudicial to the health of the occupants. That there is a need of new houses in your District is an incontrovertible fact but stress will be laid upon whether a house is "unfit for human habitation" and not upon its being defective structurally. It is far more important to have clear ideas as to the relative importance of the various defects which may be prejudicial to health, and to other defects which may not, rather than to aim at some standards which on clear reasoning and on calm reflection seem to be impossible to attain for many years. These standards can be kept as an ideal to aim at and achieve ultimately. We all wish they could be attained now, but hard experience teaches us that we must make the best out of what we can possibly obtain for the present. The situation is urgent and only by practical methods can it be remedied. No amount of theorising and wishful thinking about standards which cannot be attained just now can help in the practical job of providing in the present critical juncture houses for people to live in.

It appears to be sound policy to adopt the methods outlined above as an interim measure to meet the exceptional circumstances rather than to be suspended in a continued state of deferred hope for an indefinite period waiting for sufficient material and labour to arrive to obtain all the desired houses with ideal standards, and meanwhile the problem remains unattacked, whereas the situation could be eased by temporary measures of repair and the building of a few new houses as circumstances permitted. One could then proceed to make a thorough job of providing sufficient houses of sound construction and with reasonable amenities when the present and urgent need had been got over by interim measures, and by the provision of small groups of new houses in various villages.

Concerning water supplies in your district, it is well known to you that there has existed growing water mindedness in villages for some time. Sinks in houses are asked for; conservancy methods have been replaced by the water system; baths are no longer held to be the prerogative of a favoured few. This water mindedness has grown stronger and with the return of many young people from the forces in which they have been provided with ample water for all purposes, baths, proper sinks, conservancy systems replaced by water carriage systems, and an ample supply of water for all other purposes will be demanded and held to be essential. Water is the prime necessity of life and its provision a fundamental aim in public health.

In the main body of this Report it can be seen that a water supply survey has been carried out. Unfortunately, owing to the shortage of labour, only one short extension made at Highbridge has been carried out. Extensions of the mains are required in many places.

As to the quality and quantity of water to houses on the main supply, these have been good during the year.

Coupled with water supplies from the main is the question of sewage disposal schemes and careful consideration will have to be given to all future schemes to provide piped supplies from the main bearing in mind adequate sewage disposal schemes for different areas. The new Water Act 1945 comes into effect on the 1st October, 1945 and makes important and far reaching changes in the existing law relating to water supplies. The object of the new Act is to achieve conditions in which all reasonable needs for water can be met speedily and without avoidable waste either of water itself or of labour, materials or money. Powers are given to the Minister of Health to constitute a Joint Advisory Committee for any area if he is satisfied that this is necessary in order to secure more effective provision of water supplies in the area, and this appears to be the first step to be taken.

In the Act is a very important section which confers on farmers, for the first time, the specific right to a supply on reasonable terms and conditions.

In another section there is imposed a specific obligation on water undertakers to lay mains in advance of development of new housing schemes. Also, in other sections, there are important extensions of the duties and powers of local authorities to secure piped water supplies and to see to it that the provision of mains is not needlessly stultified by failure to connect up houses to supplies. Vigorous action with powers granted in the Act should remedy inadequate water supplies in many rural areas and end a long felt and long endured want.

Regarding milk supplies in the area, during the year eight cow-stalls and dairy premises have been reconstructed entirely and one new dairy built. It is regretted that under a new policy powers relating to the control of milk supplies have been taken out of the hands of sanitary inspectors. It appears that the powers that be have in effect revealed themselves more concerned with the quantity of milk produced and perhaps have precipitantly anticipated the existence of a State Veterinary Service where none is in being and is not likely to be in being for some long time to come.

Finally, in considering the long outstanding problem of the betterment of Peacehaven by securing better roads, proper sanitary conditions, amenities and convenience, together with the development of land and of sound housing schemes, one is inevitably led to the conclusion that probably the only method whereby it would be possible to effect such a betterment with the least delay would be by a Private Act. Other existing methods appear too circuitous, time consuming and cumbersome.

In reviewing any concern it is perhaps prudent to have an eye for the future, and outline some of the more important undertakings which lie in front of an authority. Such has been attempted in this preface.

The present is a critical time for all authorities and it is clear that many restrictions will have to be abolished before any real progress can be made in the many directions which are patent and obvious to all who are interested in making good the deficiencies accentuated by war-time conditions. These deficiencies should be remedied together with the pushing forward of the larger schemes which on completion will ensure improved conditions for the inhabitants of your rural district.

In compiling this Report I have been indebted to Mr. Kent for his help. I am grateful to Mr. Pickard, the Chairman of the Housing, Public Health and Sanitary Committee, and to Colonel Hale, the Chairman of the Council, for their unfailing kindness during the year and to each member of the Council, and to Mr. Perkins whose help, constructive criticism and encouragement have constantly stimulated me and made my work throughout the year a pleasure.

I remain,
Your obedient Servant,

G.M.D.S.B. LOBBAN.

Medical Officer of Health.

SECTION I.

STATISTICS OF THE AREA - 1944

Area (in acres)	...	...	...	...	66,014
Population (estimated)	...	...	...	...	16,630
Number of Inhabited Houses (estimated)	...	...	...	...	5,550
Rateable Value	...	...	...	...	£144,500
Sum Represented by Penny Rate	...	...	...	...	£575

EXTRACTS FROM VITAL STATISTICS

			<u>Male</u>	<u>Female</u>	<u>Total</u>		<u>Rate per 1,000 Population</u>
Live Births							
Legitimate	...	...	144	128	272		
Illegitimate	...	...	21	16	37		
			Total 165	144	309	...	18.58
Stillbirths	...	...	4	3	7	...	<u>Rate per 1,000 Live & Stillbirths</u> 22.65
Deaths	...	...	106	114	220	...	<u>Rate per 1,000 Population</u> 13.23
Deaths from Puerperal Causes							<u>Rate per 1,000 Total Births</u>
Puerperal Sepsis				0	0		00.00
Other Puerperal Causes				1	1		3.20
Death Rate of Infants under one year of age:							
All infants per 1,000 live births							58.25
Legitimate per 1,000 legitimate births							47.79
Illegitimate per 1,000 illegitimate births							135.13

BIRTHS

The birth rate in Chailey Rural District in 1944 was 18.58 per 1,000 population. This compares favourably with the birth rate of 17.6 for England and Wales for the same period.

The birth rate in this country was progressively decreasing for many years before the war and it has been observed that the temporary increases in war years are not always sustained.

The number of explanations of the falling birth rate in this and in other countries have been legion. The theory held by over-populationists that a lower birth rate ~~actually increases the pro-~~ductive capacity of a country is erroneous. The truth is that year after year there have been less and less younger people to support the old, whilst the latter have been increasing in number owing to the increased length of life, mainly due to improved measures in public health. The chief reasons for a decrease in the birth rate are mainly economic ones. All actions which tend to disrupt the home or to weaken the sense of parental responsibility should be avoided and all physical, economic and social

conditions which impose a burden upon parenthood, if removed, might tend to a steady increase of a country's population. There is more sense in the duty of parenthood when more hope is perceived of removal of conditions militating against the upbringing of a family.

DEATHS

The Crude Death rate for the year 1944 in the Chailey Rural District was **13.23** per 1,000 estimated population. A crude death rate in a small population can be regarded, as it suggests, as a crude initial test of vitality of the population.

This figure is not adjusted for the distribution of persons of different ages and of the two sexes and cannot be compared fairly with the crude death rate of areas, such as a city with a large population. It can be compared with a crude death rate in the same area within a short period - say ten years - provided that the population has remained more or less stable.

A more correct perspective is obtained if the annual number of deaths in 1944 (**220**) is compared with the number of deaths in one year within a short period and with the average annual number of deaths of the preceding ten years. The number of deaths in 1943, 1942, 1941 and 1940 were 237, 257, 333 and 250 respectively and the average annual number of deaths of the years 1934 to 1943 was 235.

Causes of Death: Of the **220** deaths which occurred during the year the causes were:-

	<u>Males</u>	<u>Female</u>	<u>Total</u>	<u>Percentage</u> <u>of grand total</u>
Typhoid and Paratyphoid	-	-	-	-
Cerebro-Spinal Fever	-	-	-	-
Scarlet Fever	-	-	-	-
Whooping Cough	-	-	-	-
Diphtheria	-	-	-	-
Tuberculosis of the Respiratory System	1	2	3	1.07%
Other Forms of Tuberculosis	1	-	1	.35%
Syphilitic Disease	1	-	1	.35%
Influenza	2	3	5	1.70%
Measles	-	-	-	-
Cancer	20	25	45	16.00%
Diabetes	-	1	1	.35%
Intra-Cranial Vascular Lesions	11	11	22	7.80%
Heart Disease	31	35	66	23.00%
Other Diseases of the Circulatory				
System	1	-	1	.35%
Bronchitis	5	4	9	3.20%
Pneumonia	5	6	11	3.90%
Other Respiratory Diseases	1	1	2	.71%
Ulcer of the Stomach (or Duodenum)	1	-	1	.35%
Diarrhoea (under 2 years of age)	1	1	2	.71%
Appendicitis	1	-	1	.35%
Other Digestive Disorders	4	4	8	2.80%
Nephritis	2	3	5	1.70%
Other Maternal Causes	-	1	1	.35%
Premature Birth	2	3	5	1.70%
Congenital Malformation, Birth				
Injuries and Infantile Disease	3	1	4	1.40%
Suicide	2	-	2	.71%
Road Traffic Accident	3	1	4	1.40%
Other Violent Causes	3	4	7	2.50%
All other Causes	5	8	13	4.60%
Totals	106	114	220	or 1.32%
				of the total population.

The foregoing table is valuable in many respects. It shows the relative proportion and percentages of deaths due to main causes.

Within the last fifty years deaths from cancer have increased. This is partly an apparent increase since the diagnosis of that disease has become more accurate. There are some grounds for believing that the incidence of cancer has increased in recent years and that cancer of the respiratory system is more prevalent.

Deaths from violence increased rapidly in the recent war years and there has been a rise in road traffic accidents in the years of the recently concluded war. With the release of motor vehicles there may be a further increase in the post war years.

On perusal of the table it can be seen that deaths from diseases mainly associated with old age claimed approximately 50% of the grand total, i.e., deaths from heart disease, cancer, intracranial vascular lesions and other circulatory diseases.

Deaths from diseases associated with childhood, such as diphtheria, scarlet fever, whooping cough, measles, etc., were happily absent in the year under review. About 3% of the total deaths were due to premature births, malformations, birth injuries and infantile diseases.

Briefly one can interpret the table thus: many reached a ripe old age before a fatal termination; the mortality amongst children generally was light; a number of infants (5.8% of the total births) were so handicapped as to fail to complete their first year; deaths from cancer are apparently increasing within the last two decades; there seems little diminution of deaths from road traffic accidents.

Birth Rates, Civilian Death Rates, Analysis of Mortality, Maternal Mortality & Case Rates for certain Infectious Diseases in the Year 1944. Provisional figures based on weekly and quarterly returns.

	England and Wales	126 C.Bs. and Great Towns including London.	148 Smaller Towns Resident Pop. 25,000 to 50,000 at 1931 Census.	London Adm. County	Chailey
* Rates per 1,000 Civilian Population					
Live Births	17.6 /	20.3	20.9	15.0	18.58
Still Births	0.5 /	0.64	0.61	0.42	.42
<u>Deaths</u>					
All Causes	11.6 /	13.7	12.4	15.7	13.23
Typhoid & Paratyphoid	0.00	0.00	0.00	0.00	0.00
Scarlet Fever	0.00	0.00	0.00	0.00	0.00
Whooping Cough	0.03	0.03	0.02	0.04	0.00
Diphtheria	0.02	0.03	0.03	0.01	0.00
Influenza	0.12	0.10	0.11	0.08	0.30
Small-pox	0.00	0.00	0.00	0.00	0.00
Measles	0.01	0.01	0.01	0.00	0.00
* Rates per 1,000 Live Births.					
Deaths under 1 year of age	46 /	52	44	61	58.25
Deaths from Diarrhoea and Enteritis under 2 years of age	4.8	7.3	4.4	10.1	6.4
N.B. / Signifies rate per 1,000 related births / Signifies rate per 1,000 total population					
* Rates per 1,000 Civilian Population					
<u>Notifications</u>					
Typhoid Fever	0.01	0.01	0.01	0.01	0.00
Paratyphoid Fever	0.01	0.00	0.01	0.01	0.00
Cerebro-Spinal Fever	0.05	0.06	0.04	0.06	0.00
Scarlet fever	2.4	2.41	2.67	1.57	1.26
Whooping Cough	2.49	2.49	2.29	2.9	5.53
Diphtheria	0.58	0.67	0.69	0.31	0.00
Erysipelas	0.29	0.32	0.28	0.37	0.23
Small-pox	0.00	0.00	0.00	0.00	0.00
Measles	4.16	4.51	3.94	2.98	7.51
Pneumonia	0.97	1.13	0.82	0.93	0.42

SECTION 2

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

LABORATORY FACILITIES

- (1) Clinical Research Association.
(swabs, sputa, examinations, etc.)
- (2) R.F. Wright Esq. Wraysbury, Offham Road, Lewes.
(milk and water samples).

AMBULANCE FACILITIES

(a) For Infectious Diseases. Under agreement a motor ambulance is provided by the Newhaven & Seaford Joint Hospitals Board for the transport of cases of infectious diseases.

(b) For Non-Infectious Diseases. The St. John Ambulance Brigade provides two motor ambulances for the removal of accident cases and cases of illness requiring hospital treatment.

(c) For Tuberculous Cases. Facilities for transport of patients by motor ambulance are provided by the East Sussex County Council.

NURSING IN THE HOME

Home Nursing is carried out by the East Sussex County Nursing Federation through the District Nursing Associations.

CLINICS AND TREATMENT CENTRES

- | | | | | | |
|-----|---------------------------------|-----|-----|-----|------------|
| (1) | Light Clinic, Castlegate | ... | ... | ... | (E.S.C.C.) |
| (2) | Orthopaedic Clinic, Castlegate | ... | ... | ... | (E.S.C.C.) |
| (3) | Tuberculosis Clinic, Castlegate | ... | ... | ... | (E.S.C.C.) |

HOSPITALS

- | | | | |
|-----|--------------------------------|---|-------------------------|
| (1) | <u>Fever:</u> | Chailey Isolation Hospital | (Chailey R.D.C.) |
| (2) | <u>Small-pox:</u> | Sedgebrook Hospital,
Plumpton | (District
Committee) |
| (3) | <u>Tuberculosis:</u> | Darveill Hall Sanatorium | (E.S.C.C.) |
| (4) | <u>Non-Infectious Illness:</u> | Royal Sussex County
Hospital, Brighton, etc. | |

POOR LAW MEDICAL AID RELIEF.

The arrangements in operation for the provision of medical assistance for those in poor circumstances are made by the East Sussex County Council.

INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES

The East Sussex Mental Hospitals Board deal with the Lunacy and Mental Deficiency services.

SECTION 3

SANITARY CIRCUMSTANCES AND SANITARY INSPECTION
OF THE AREA

REPORT OF THE CHIEF SANITARY INSPECTOR.

"WATER SUPPLY

Water Undertakers supplying various parts of the area are :-

CHAILEY RURAL DISTRICT COUNCIL
BRIGHTON COUNTY BOROUGH
LEWES BOROUGH
NEWHAVEN & SEAFORD WATER CO.
BURGESS HILL WATER CO.
MID-SUSSEX JOINT WATER BOARD.

Each of these Water Undertakings carry out their own sampling and copies of the analyses are forwarded to me.

During the year the water supplied to the several areas has been satisfactory, (a) in quality and (b) in quantity.

Copies of typical bacteriological and chemical examination of the water supplied by the Chailey Rural District Council are as follows:-

"The sample (taken from a Standpipe at the Offham Water Works in June 1944) on arrival had the following characteristics and gave the appended results on bacteriological examination:

Colour	...	...	...	...	None
Smell	...	...	...	...	None
Sediment	...	...	...	...	None

The organisms per ML. which grew on Nutrient Agar in three days at room temperature under aerobic conditions and were visible to the naked eye as colonies numbered ... 9 ...

On agar at blood temperature and under aerobic conditions ... 0 ... colonies were visible after two days' incubation.

REPORT

Bacteriologically this water is highly satisfactory and I am of the opinion that it is perfectly safe for drinking purposes.

Chemical Analysis.

Sample labelled: Offham Water Works - taken in March, 1945.

The water on arrival had the following characteristics:

Colour	...	...	...	...	None
Smell	...	...	...	...	None
Sediment	...	...	...	...	A mere trace.

Chemical analysis afforded the following		Grains per gal.	Parts per million
Total solids (dried at 100°C)		21.4	
Solids (after ignition)		15.8	
Chlorine		1.7	
Ammonia (free)			.030
Ammonia (albuminoid)			.036
Oxygen taken from permanganate in $\frac{1}{4}$ hour		Nil	
Oxygen taken from permanganate in 4 hours		Nil	
Nitrogen at Nitrates and Nitrites		.14	
Nitrites		Nil	
Hardness (total)		13.2	
Hardness (after boiling)		2.9	
Phosphates		Nil	
Metallic Impurity	iron	.05	
Ph	7.4		

REPORT

Organically this is a good water and judging by the results of the chemical analysis I am of the opinion that it is perfectly safe for drinking purposes.

Free chlorine could not be detected.

R.F. WRIGHT
Analyst"

Similar information is given in the Annual Reports of the Medical Officers of Health for the principle areas of supply of these Undertakers. It is, therefore, not proposed to set out those results of analysis here.

No intimation has been forthcoming that any of these waters are plumbo-solvent.

No form of contamination has occurred.

It is not possible to give accurate figures at the present time as to the proportion of the population supplied by Public Mains. There are, however, very few standpipes in use.

The first part of a Survey Report on Water Supplies relating to that part of the Council's area within the limits of supply of the Council's Water Undertaking was presented to the council and recommendations with regard to future extensions were made.

The Report reviewed every group of cottages within the Council's limits of supply and classified in order of priority and suggested extension of the mains. The Council accordingly decided to proceed as soon as possible with the work of extending the mains at Ringmer, Streat and Cinder Hill, Chailey. The only extension it was possible to complete during the year was a short length of 330 yards to Highbridge, East Chilmington. Shortage of labour only has prevented this work from proceeding.

Close co-operation exists between the Water Engineer (Mr.R.P. Cheale) and the Public Health Department, regarding the quality and purity of the water and monthly samples are submitted for bacteriological examination.

During the year a limited number of samples were taken with the following results:-

Samples taken from Old Wells in 1944

Number found to be unsatisfactory	18
Number found to be fit for drinking purposes	3

Samples taken from New Wells in 1944

Number found to be unsatisfactory	1
Number found to be fit for drinking purposes	1

DRAINAGE AND SEWERAGE

There have been no extensions to the Sewers in the area during the war years.

The drainage conditions at Peacehaven are very unsatisfactory, as also are conditions at Iford, Rodnell and Kingston, and it is hoped that the Council's proposed schemes for the sewerage of these areas will be put into effect immediately conditions permit.

The Sewage Disposal Works at Ditchling, Newick, Barcombe, Ringmer and West Firle have continued to function, but all these Works have now become either insufficient or obsolete and in the post war reconstruction period they will require to be re-designed and enlarged, or incorporated in a larger scheme. In several instances extensions of the sewers are overdue.

There are a number of villages and groups of dwellings at present unsewered which are badly in need of such a service and are obvious cases for installation of small Sewage Disposal Units as visualised in the Water and Sewage Act, 1944.

RIVERS AND STREAMS

Attention is constantly being given to the pollution of streams by drain discharges from dwelling houses and farm buildings.

CLOSET ACCOMMODATION

Pail closets predominate among Rural Workers' Cottages and some difficulty in disposal of contents occurs from time to time. Increased resentment against this form of sanitation is noticeable. The public appears to have become much more "house conscious" during the war years and in this one particular the Rural Worker seems to suffer more than any other group.

Where Privy Middens are found to exist, Notices are immediately served to secure their elimination.

PUBLIC CLEANSING

A once-fortnightly collection over the whole area has been maintained in spite of acute labour difficulties - two 10 cubic yard motor vehicles being employed for the purpose.

Salvage of waste paper etc., has also been well maintained.

Owing to labour shortage, and also to the direction from the Government to salvage tins, bottles, etc., the high standard of con-

trolled tipping hitherto maintained on the three disposal sites has deteriorated. This too has been aggravated by indiscriminate tipping by various Military Units from time to time.

Salvage collected during the year amounted to 107 tons and was sold for £836.

CESSPOOL EMPTYING SERVICE

This service continues to operate. A new machine was purchased in 1943 and during part of the year two machines were in operation.

Conditions of nuisance were found to exist in the district due to the improper methods of disposal of Cesspool contents by private contractors operating military contracts. In one instance, in order to safeguard an important public water supply area from pollution, the Council undertook to contract with the Military Authorities for this work which required special care and supervision.

During the year 932 Cesspools were emptied by this Service.

GOVERNMENT EVACUATION SCHEME

The office of Chief Billeting Officer under this Scheme is held by the Chief Sanitary Officer, including the duties under the various Circulars in connection with the rehousing of persons rendered homeless by enemy action and of persons improperly housed.

A considerable amount of the time of the Council's two Sanitary Inspectors is devoted to the work in this connection, with the welfare of these people, the provision and supply of equipment, and the requisitioning of premises.

The fact that this work was in the hands of the Public Health Department has many advantages as every arrangement or decision was automatically given proper consideration from the viewpoint of Public Health. An example of this is shown by the fact that throughout the entire period of the war no bedding was transferred from one dwelling to store, or to another dwelling without first being put through a steam disinfecter.

This work has been greatly complicated by the many personal problems and cases of acute distress among families suffering from the effects of war and imposed a very considerable strain upon the Department.

HOUSING

A certain amount of house inspection was carried out during the year - only urgent cases requiring attention being dealt with - work of repair of war damaged houses and requisitioning of houses for homeless people being the first priority.

Four new houses for Agricultural Workers were completed and occupied in January of this year. These houses were of an exceptionally high standard for municipal houses.

During the year it was found necessary to serve Formal Notices under the Housing Acts to effect repairs in two instances and in both cases the work was subsequently carried out by the Owners.

Formal Notice under Section II of the Housing Act was served in respect of a group of four cottages and resulted in the Owner giving a formal undertaking under that Section that the houses would not be used for human habitation.

Urgent repairs and reconstruction were carried out in respect of 31 other houses as a result of informal methods.

The publication during the year of the Hobhouse Report on Rural Housing has thrown into sharp relief the urgency for the improvement in the condition of rural houses and awakened the public conscience in this matter.

While the slum problem in towns has been ventilated for many years, little or no recognition has been given in public pronouncements of the conditions in rural areas. At the same time the dwellers in rural cottages appear to have become suddenly aware of the deficiencies in the standard of living provided by their dwellings.

The Ministry of Health in Circular 64/44 issued during the year, states that in general the Minister accepts the recommendations in the Report for securing of improvements in Rural Housing and gives effect to the suggestion that a comprehensive Survey of housing conditions in rural areas should be made and that staff adequate for the work should be recruited. Effect has been given to both these recommendations by the appointment of an additional Sanitary Inspector and an unqualified assistant.

A scheme of inspection and recording has been carefully worked out and a register of all houses inspected is in being. This work has been well started and information gathered and the records made have been so arranged as to be of permanent value.

It will not be possible, as the Report points out, to embark on a programme of re-conditioning on a large scale until conditions in the building industry permit and until the immediate demands for the building of new houses have been met.

The arrangements referred to above will ensure that this Council will be in a position to carry out these recommendations in a thorough manner when the time comes.

A Joint County Committee has been formed consisting of representatives from the East Sussex County Council and the Rural Districts in the County. The Technical Sub-Committee appointed to consider standards of post war housing has met and presented a report recommending a standard to be adopted throughout the County. The Council's Technical Officers made their contributions to this work.

MILK AND DAIRIES' ORDER 1926

Work of inspection of Milk premises was carried out as far as practicable under the stress of circumstances. 176 visits of inspection were made, some in conjunction with officials of the East Sussex War Agricultural Executive Committee in connection with the National Milk Testing and Advisory Scheme.

During the year 8 Cowstall and Dairy premises have been entirely reconstructed and one new Dairy has been built - all under the supervision of the Department.

There were 24 changes in registration of milk premises.

In five cases it was necessary to serve written Notices to effect improvement in the conditions of milk production.

SUMMARY OF VISITS AND INSPECTIONS MADE DURING 1944

Number of inspections of dwelling houses in connection with housing defects under Public Health & Housing Acts.	141
Number of houses inspected and recorded under Housing Consolidated Regulations	14
Number of visits in connection with Nuisances	95
Complaints received	51
Number of visits under Milk & Dairies' Order (1926)	176
Samples of milk taken for examination	31
Number of visits in connection with drainage	138
Number of drains tested	55
Number of visits to slaughter-houses, butchers' shops and food premises	67
Number of visits re infectious disease	86
Number of premises fumigated	23
Number of visits re water supplies	90
Samples of water taken for analysis	23
Number of visits to Sewage Works and Sewers	82
Number of visits to Refuse Tips and in connection with Salvage	149
Number of visits under Petroleum Acts	12
Number of visits under Government Evacuation Scheme	259
Number of visits in connection with A.R.P. (care of the Homeless, etc.)	49
Number of visits in connection with Building Licences	41
Number of visits under Rats and Mice Destruction Acts	53
Number of visits under the Factories Acts.	9
Number of miscellaneous visits	74
Number of Petroleum Licences issued	39

NOTICES

Notices issued	57
Notices complied with	54
Notices outstanding at the end of the year	3
Statutory Notices issued	9
Statutory Notices complied with	9"

SECTION 4

PREVALENCE AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

INCIDENCE OF NOTIFIABLE INFECTIOUS DISEASES (excluding Tuberculosis) DURING THE YEAR 1944.

<u>Disease</u>	<u>Total Cases Notified</u>	<u>Cases admitted to Hospital.</u>		<u>Total Deaths.</u>
		<u>Civilian</u>	<u>Service</u>	
Diphtheria	Nil	Nil		Nil
Scarlet Fever (including 2 service cases)	21	17	2	-
Whooping Cough	92	-	-	-
Measles (including two service cases)	125	1	-	-
Erysipelas (including one service case)	4	1	2	-
Pneumonia	7	-	-	-
Chicken-pox (including 3 service cases)	33	-	5	-
German Measles	2	-	-	-
Malaria (all service cases)	11	-	11	-
Dysentery (including 6 service cases)	8	2	-	-

INFECTIOUS DISEASES GENERALLY

DIPHTHERIA

There were no cases of diphtheria notified in 1944. If a case does occur nowadays it almost calls for special comment. The reduction in the number of cases of this disease in recent years has been mainly due to the active programme of immunisation which has effectually prevented the contraction of diphtheria in the community. Ideally every child should be immunised but if 60 to 65 per cent of the pre-school population are so protected there is little fear of an epidemic.

In the Chailey District 66% of the pre-school and 63% of the school children have been immunised.

The mortality from diphtheria is greatest from three to four years of age; children under thirteen suffer most. It is unsound to wait until a child reaches school age before immunising as two thirds of the deaths occur before school age. Every child should be immunised at seven to eight months, and one more dose should be administered just before the child goes to school. Those missed should be immunised in school attending years.

The source of all diphtheria infections is the actual case, or a carrier. Contact with a case is more likely to result in infection than is equal contact with a carrier. The escape of the infecting organism is effected through the nose and throat secretions being discharged in both exhaled droplets and saliva. The organisms may also escape in exudate or discharge from wounds, cracks in the skin and from the ear or nose discharges. Spreading is, therefore, favoured by all factors which bring people together, notably crowding. Milk-borne infection has occurred by contamination of the milk by a case or a carrier, or by an infection of the cow's udder, secondary to an

infection of the milker. In these latter cases there is usually a diphtheritic membrane along the abraded teat or milk duct. Indirect spread of diphtheria is theoretically possible through clothing, books, toys, pens, pencils, etc., since the bacteria, or germs, causing the disease may live for a short time outside the body, but spread by these articles plays a very small part in the total spread of the disease.

SCARLET FEVER

There were 21 cases of scarlet fever notified to the Public Health Department in 1944. In many cases of this disease many persons have had the infection with nothing much more than a sore throat. In these instances the toxin, or poison, manufactured by the responsible organism does not show its presence in the body by causing a rash. Thus many persons have a high resistance to the toxin but little to the infecting organisms, and so cases go unrecognised. In recent years scarlet fever in the main has been a mild disease. Patients with the disease can be nursed at home except where very rarely the infection is a severe one or where home conditions do not permit of reasonable facilities for nursing.

There were no deaths from this disease.

MEASLES

In the year under review 125 cases of measles were notified. Generally communicability of this disease has ceased by the time the rash appears. Spread thus occurs before a diagnosis is made. By the time the rash disappears communicability has certainly ceased, although the case may be complicated by pneumonic or ear disease. Rigid isolation in the home is of little value in reducing the attack rate as the patient will have infected his fellows before the case is diagnosed. The chief danger of measles is not in the disease itself but in the pneumonia which may follow. Most cases can be nursed at home but if home conditions are unsuitable, and the case is likely to develop serious symptoms, removal to hospital may become necessary.

There is no fully proved method of active immunisation against the disease, although passive immunisation of cases exposed to measles by the use of human serum or placental extracts may achieve a modification of the disease but this lasts only two to four weeks and the child is then as susceptible as before. Less than one per cent of those contracting measles die from it or its complications.

There were no deaths from measles.

CHICKEN-POX

In 1944 thirty-three cases of chicken-pox were notified. This infection is caused by a filter passing virus, a very small micro-organism until recently unidentified. The belief held not long ago that an attack of chicken-pox would protect against an attack of small-pox is incorrect, as chicken-pox and small-pox are two distinct diseases.

On occasions health departments investigate outbreaks of chicken-pox to make certain these are not mild attacks of small-pox. The resemblance between the two diseases is only a superficial one. Chicken-pox is a mild disease and rarely has complications; routine nursing care need not be rendered. There is practically no mortality from an attack.

No deaths have been ascribed to chicken-pox in this area for many years.

MALARIA

There were eleven cases of this disease notified in 1944; all in Service men.

In normal times malaria is rarely found in this country since the transmitter, the anopheles mosquito, does not live long in this climate. The service cases were infected overseas in warmer climates. The anopheles mosquito transports the organism from one infected person to another uninfected person and injects the causative organism into the new host. Cases require no isolation, apart from screening. Contacts require no quarantine, although they should be carefully watched in case they do become infected.

The newer drugs have proved of immense value in the prevention and treatment of malaria, and the use of new insecticides gives great promise in greatly reducing the mosquitoes which carry the disease.

None of the eleven cases notified in the district died.

DYSENTERY

In the year 1944 eight cases of bacillary dysentery were notified. They were mostly of the Sonné type. This disease is an acute infection of the large bowel with diarrhoea and occasionally bleeding. The vast majority of the cases are very mild but some of this disease may be serious. Usually an active or convalescent case is the cause of spread. In some the disease causes little inconvenience, apart from a slight diarrhoea of transient duration. Treatment by the sulphonamide drugs has been effective. Use of these drugs helped to ensure the success of our armies in the Libyan campaign. Their non-use, with the neglect of proper sanitary arrangements, led to a large percentage of German troops being out of action from time to time in the same campaign.

The disease in a very mild form has been more or less endemic in certain parts of this country for many years, quite possibly unrecognised owing to its mildness and absence of complications.

There were no deaths from dysentery in the year under review.

WHOOPING COUGH

92 cases of whooping cough were notified. This disease is an important cause of death in small children. Some deaths listed as bronchial pneumonia are in reality secondary to unrecognised whooping cough. Happily the death rate has declined rapidly during the last few decades but there is no evidence that the disease itself has become less prevalent than in former years.

Cases should be segregated under modified isolation until three weeks after the appearance of the cough. Transfer to hospital is undesirable if reasonable care can be given at home. Where home conditions are not satisfactory, or where the illness is likely to take a severe turn, removal to hospital becomes necessary.

Isolation will do little to prevent the spread as the patient is most infectious during the period before it becomes evident,

Passive immunisation of younger children by convalescent serum to protect them against an attack is still in the experimental stage.

Active immunisation gives promise of being of some value in the control of the disease, although so far evidence as to its protective value is contradictory.

There were no deaths in 1944 ascribed to whooping cough.

OTHER INFECTIOUS DISEASES

There were seven cases of pneumonia; four cases of erysipelas and two cases of German Measles notified.

Many cases of pneumonia should be sent to hospital since at home there are often not full facilities for adequate nursing and medical treatment.

In the case of erysipelas, use of the sulphonamide drugs has accelerated recovery to such an extent that the disease is now but infrequently a dangerous one.

German Measles provided two notifications. This disease is usually a mild one and the mortality is practically nil.

There were no notifications of enteric fever, cerebro-spinal fever, cholera, typhus, influenzal pneumonia, relapsing fever or of small-pox.

SECTION 5

T U B E R C U L O S I S

A total of 28 new cases were notified to the Public Health Department during 1944. Of this number 12 were males and 16 were females.

<u>Age Period</u>	<u>Pulmonary</u>		<u>Deaths</u>		<u>Non-Pulmonary</u>		<u>Deaths</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
0	-	-	-	-	-	-	-	-
I	-	-	-	-	-	1	-	-
5	-	-	-	-	1	-	-	-
10	-	1	-	-	1	1	-	-
15	-	-	-	-	-	-	-	-
20	3	6	-	1	-	-	-	-
25	4	3	-	-	-	-	-	-
35	1	2	-	-	1	-	1	-
45	1	1	1	-	-	1	-	-
55	-	-	-	-	-	-	-	-
65 and upwards	-	-	-	-	-	-	-	-

Pulmonary tuberculosis was notified as occurring in 22 cases (13 females and 9 males). Six females affected were aged between 20 and 25 years and there were four males between the ages of 25 and 35 years.

Two deaths from this cause occurred, one in a male aged 45 years and one in a female - an evacuee - aged 21 years.

The average annual number of cases notified in the period 1934-1938 was 19.80 (11.8 in males and 8.0 in females). The highest annual number of deaths in the period 1934 - 1938 was 9 (5.4 in males and 3.6 in females). The highest annual number of deaths was 13 (7 males and 6 females) in 1934. The highest annual number was 39 (26 males and 13 females) in 1934.

In the quinquennium 1939 - 1943 the average annual number of cases notified was 14.2 (7.8 males and 6.4 females). The highest annual number was 21 (14 males and 7 females) in 1941. The average annual number of deaths in the quinquennium 1939 - 1943 was 4.8 (3.8 in males and 1.0 in females) and the highest annual number of deaths was 7 (6 males and 1 female) in 1941.

War-time conditions, social, domestic and occupational have not increased the incidence of the mortality from pulmonary tuberculosis in the Chailey Rural District area.

This disease is one of the most important causes of death but only a small percentage of those infected die from it. The disease is usually chronic punctuated by remissions. In infants and in older people it may run an acutely fatal course. Many more persons are infected than there are notified, the reason being that most overcome the infection without any symptoms being detected.

The deaths from pulmonary tuberculosis have decreased in this country by two-thirds over a period of fifty years. This has been due chiefly to improved treatment.

The disease is mainly contracted by direct respiratory contact from other persons who are infected. All contacts of infected persons should be medically examined in their own and in others interests. Early cases respond well to curative measures and in most instances if they submit to the necessary regimen they have a good chance of ensuring a life free from further disability from this cause. The use of

mass miniature radiography will ensure discovery of cases in the earliest and most curable stages of the affection.

Non-pulmonary tuberculosis, usually of bovine origin, is responsible for tuberculosis of other organs and tissues than those of the respiratory system. This form is found in glands of the neck, in the bones and joints, in the skin, in the alimentary system - including mesenteric glands - in the genito-urinary system, and in tuberculous meningitis.

Boiling the milk which is infected with bovine tuberculosis will kill the causative organism.

In 1944 six cases of non-pulmonary tuberculosis were notified (3 in males and 3 in females) and one male died from this disease.

In the period 1934 - 1938 the average annual number of cases was 5 as against 6.8 in the period 1939 - 1943. The highest annual number in the first five year period was 14 in 1937 and the highest number in the second was 11 in 1942.

In 1934 - 1938 the average annual number of deaths was 1.6 as compared with 2.2 in the 1939 - 1943 period. The highest annual number of deaths in the first period was 2 in 1934, 1936, 1937 and 1938, and the highest annual number of deaths in the second period was 4 in 1939.

